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PTO/SB/05 (12/97)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisionals under 37 CFR 1.53(b))

Attorney Docket No. **H0002253** Total Pages **1**

First Named Inventor or Application Identifier

**ULRICH BONNE, ET AL**Express Mail Label No. **EK930858052US****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Assistant Commissioner for Patents

ADDRESS TO: **Box Patent Application  
Washington, DC 20231**

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the invention	a. <input type="checkbox"/> Computer Readable Copy
- Cross Reference to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R & D	c. <input type="checkbox"/> Statement verifying identity of above copies.
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <b>8</b> ]	
4. Oath or Declaration [Total Pages <b>1</b> ]	
a. <input type="checkbox"/> Newly executed (original or copy)	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> English Translation Document (if applicable)
5. <input type="checkbox"/> Incorporation By Reference (usable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath of declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	12. <input type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority claimed)
	16. <input checked="" type="checkbox"/> Other: <b>Unexecuted Declaration and Power of Attorney</b>

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation    Divisional    Continuation-in-part (CIP)   of prior application No. \_\_\_\_\_**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	<b>000128</b>		or <input type="checkbox"/> Correspondence Address Below (Insert Customer No. or Attach bar code label here)
NAME	KRIS T. FREDRICK		
	HONEYWELL INTERNATIONAL INC.		
ADDRESS	101 COLUMBIA ROAD		
	AB2 BLDG.		
CITY	MORRISTOWN	STATE	NEW JERSEY
COUNTY	USA	TELEPHONE	612/951-7096
			ZIP CODE 07962
			FAX 612/951-7726

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Express Mail EK930858052US

December 20, 2001

H0002253

Fluid Mixture Composition Sensor  
Ulrich Bonne, et al  
Kris T. Fredrick, Attorney

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# FEE TRANSMITTAL For FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT \$ 1100.00

## COMPLETE IF KNOWN

Application No.	
Filing Date	December 20, 2001
First Named Inventor	ULRICH BONNE, ET AL
Group Art Unit	
Examiner Name	
Attorney Docket No.	H0002253

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:Deposit Account Number **01-1125**

Deposit Account Name Honeywell International Inc.

X Charge any Additional Fee Required  
Under 37 CFR §§1.16 & 1.172.  Payment Enclosed:  
 Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	\$	Fee Code	\$		
101	740	201	370	Utility Filing Fee	740.
106	330	206	165	Design Filing Fee	
107	510	207	255	Plant Filing Fee	
108	740	208	370	Reissue Filing Fee	
114	160	214	80	Provisional Filing Fee	
SUBTOTAL (1)					\$ 740.

## 2. EXTRA CLAIM FEES

Total Claims	-20 =	Extra Claims	Fee from below	Fee Paid
26	-20 =	6	18.00	108
Independent Claims	- 3 =	3	84.00	252
Multiple Dependent Claims	- 0 -		280.00	- 0 -

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	\$	Fee Code	\$		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim	
109	84	209	42	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ 360

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	\$	Fee Code	\$
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,250
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,150
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	3370
169	900	169	900
195	300	195	300
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			

SUBTOTAL (3) \_\_\_\_\_

SUBMITTED BY				Complete (if applicable)
Name (Print / Type)	KRIS T. FREDRICK	Registration No (Attorney/Agent)	42,554	Telephone 612/951-7096
Signature				Date 12/20/01

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